



APPLICATION FOR ALACHUA COUNTY DEATH RECORD

Alachua County Health Department
P.O. Box 5849 • Gainesville, FL 32627-5849
Phone: (352) 334-7970
Fax: (352) 955-6428

Requirement for ordering: When cause of death information is requested, the applicant must state relationship to decedent and provide a copy of a **valid photo identification**. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

(Registrant) NAME OF DECEASED	FIRST		MIDDLE	LAST	SEX
DATE OF DEATH	MONTH	DAY	YEAR	IF YEAR IS NOT KNOWN ENTER RANGE OF YEARS TO BE SEARCHED IN NEXT BOX.	
PLACE OF DEATH FLORIDA	CITY		COUNTY (REQUIRED)		SOCIAL SECURITY NUMBER
FUNERAL HOME	NAME		ADDRESS		CITY

IMPORTANT: Read the entire application before completing

Cause of death is confidential. To obtain and use a Florida death record under false or fraudulent Purposes is a third-degree felony, punishable by the terms and conditions set forth in Florida Statutes.

Certified Copies showing the cause of death	\$10.00	X	=	\$
Certified Copies without the cause of death	\$10.00	X	=	\$
TOTAL AMOUNT ENCLOSED:				\$
PAYMENT TYPE: (DO NOT SEND CASH)				
Money order (MAIL ORDERS)	Make payable to Alachua County Health Department			
Credit Card* (MAIL OR FAX ORDERS)	TYPE	NUMBER		EXPIRATION DATE
*Please also include a legible photocopy of the credit card				

Applicant's Name	FIRST		MIDDLE	LAST	SUFFIX
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE NUMBER		FUNERAL HOME OF RECORD <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PERSON REPRESENTED	
RELATIONSHIP TO DECEDENT	SIGNATURE OF APPLICANT				
HOME PHONE NUMBER	RESIDENCE STREET ADDRESS (AND APT)				
WORK PHONE NUMBER	CITY		STATE	ZIP CODE	